

NATIONAL PUBLIC HEALTH INITIATIVE ON DIABETES AND WOMEN'S HEALTH

PARTNERS' UPDATE CONFERENCE

SEPTEMBER 20-21, 2004

Westin Savannah Harbor Resort and Spa

One Resort Drive ✧ Post Office Box 427 ✧ Savannah, Georgia 31421
912-201-2000 ✧ www.westinsavannah.com

REGISTRATION FORM

(Please print legibly.)

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Fax the completed form to: Michelle Owens, PhD, at 770-488-5966.



Please answer appropriately.

_____ **Yes**, I will attend the conference. Please consider this completed form as my registration.

I have the following dietary restrictions or physical challenges that should be taken into account by the conference planners:

Emergency Contact: _____ Telephone: _____

_____ **No**, I will not attend the conference but am very interested in the Diabetes and Women's Health Initiative. Please use this completed form to update your mailing list.

If you have not done so previously, do you want to subscribe to the Diabetes and Women's Health Listserv? Yes No

Sponsored by:
American Diabetes Association
American Public Health Association
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